

Division of Aging
Non Licensed Provider Compliance Survey

Name of Provider:

Address:

Provider Type:

Date of survey:

Surveyor Name:

of employees in organization:

of employee records reviewed:

Employee Name: Employee Position:

Employee Name: Employee Position:

Employee Name: Employee Position:

Employee Name: Employee Position:

Employee Name: Employee Position:

Employee Name: Employee Position:

Providers: Non- Licensed Providers (Adult Foster Care, Adult Day Services, Attendant Care, Homemaker, Transportation, Residential Based Habilitation, Supported Employment, Behavior Management, Structured Day Program), Case Management.

Note for Non-Licensed Providers of Vehicle Modifications, Home Delivered Meals, Environmental Modifications, complete only item #1 &3

Number	Item	Yes	No	N/A	Findings
1	A copy of current and signed provider agreement (1.2-6-1).				
2	For Personal Services Agencies, is the number of clients served less than 8 people?(Non –Licensed services are not to serve more than 7 people)				For no answers, state the number of people served:
3	Current professional and personal liability insurance policy to cover: personal injury, loss of life, property damage to an individual caused by fire, accident, or other casualty arising from the provision of services by the provider (1.2-6-2)(1.2-11-1).				
4	Written, personnel policies reviewed annually, and updated as needed to include (1.2-15-2):				
4a	A procedure for conducting reference and employment , and criminal back ground on each prospective employee or agent.				
4b	A prohibition against employing or contracting with a person convicted of: Sex Crime; Exploitation of an endangered adult; Abuse or Neglect of a child;				

Division of Aging
Non Licensed Provider Compliance Survey

	Failure to report battery; Neglect or Exploitation of an adult or child; Theft; Murder; Voluntary or Involuntary Manslaughter; and Battery.				
4c	Job descriptions for each position including minimum qualifications and major job duties of the position.				
4d	A copy of an employee's professional licensure, certification, or registration, including renewals as applicable.				
4e	A process for evaluation of job performance at the end of a training period and, annually, and including a process from individuals receiving services to give feedback on an employee or agent.*				
4f	Disciplinary Procedures.*				
4g	Description of grounds for disciplinary action or dismissal of employee or Agent.*				
4h	Description of an employee's rights and responsibilities , including responsibilities of administrators and supervisors.*				
4f	Procedure to ensure compliance with HIPPA regulations				
5	A n individuals file , if not at the person's home, or primary site of services is located at the office of the provider (1.2-16-2)				
6	A system in place for the transfer of information to and from each provider listed on the individual's plan (1.2-16-2)				
7	Maintain a current organizational chart to include Parent organization and Subsidiary organization (1.2-9-1)*				
8	A written quality assurance and quality improvement system that includes: (1.2-9-5)*				
8. a	Focus on individual				
8.b	Appropriate for services being provided				
8.c	Ongoing and updated annually				
8.d	Annual survey of individual satisfaction in accordance with contract				
8.e	Record of findings of annual satisfaction survey				
8.f	Documentation of efforts to improve services based on survey feedback				
8.g	Annual assessment of appropriateness & effectiveness of each service provided to individuals				
9.	A written operations manual addressing the requirements in 460-IAC1.2 and regularly updated and revised at least annually (1.2-15-3)				

Division of Aging
Non Licensed Provider Compliance Survey

10a.	For incident filing and review (1.2-8-1, 1.2-8-2. Waiver Assurance G-1.): A written procedure for filing within 24 hours, any suspected Abuse, Neglect or Exploitation , or death of a participant with APS or CPS and DA's Incident Reporting website consistent with provider requirements.				
10b.	A procedure in place for filing within 48 hours of any unusual occurrence via DA's Incident Reporting website consistent with provider requirements.				
10c.	A written quality assurance and quality improvement system, updated annually, that includes(1.2-9-5): A written process for : analyzing data for reportable incidents and services provided, and b) developing and reviewing recommendations to reduce the risk of future incidents.				
10d.	For all non-licensed providers except CM services: A review of incidents filed over last month (or at least last 5 incidents) shows compliance with procedures and provider requirements.				

*Not applicable to a waiver provider who is offering services as a solo provider

Non Licensed Providers: Direct Support personnel – (Adult Foster Care, Adult Day Services, Attendant Care, Homemaker, Transportation, Residential Based Habilitation, Supported Employment, Behavior Management, Structured Day Program)

Number	Item	Yes	No	N/A	Findings-(When more than one staff reviewed, and a portion is "No", v the "No" box and state ratio, i.e. 2:2, and identify staff with their initials, titles in the Findings section).
11	Be at least 18 years of Age (1.2-6-3)				
12	Demonstrate ability to provide services under individual's plan of care as documented by staff training records including training topics, date of training, length of training and qualifications of trainers. (1.2-14)				
13	Negative TB test or chest X-ray updated yearly (1.2-6-3) (1.2-14-1)				
14	If transporting; a valid driver's license (1.2-6-3)				
15	If transporting: current insurance on vehicle (1.2-6-3)				
16	Current CPR (1.2-6-3) (1.2-14-1)				

Division of Aging
Non Licensed Provider Compliance Survey

Providers; Transportation

Number	Item	Yes	No	N/A	Findings
17	Records of regular and appropriate maintenance and of all vehicles used in transportation services(1.2-12-1)				
18	Current vehicle registration from the Indiana bureau of motor vehicles; or current registration in the state that the vehicle's owner resides in (1.2-12-1)				
19	Current Automotive Insurance for all vehicles(1.2-12-1)				

Non Licensed Providers: Non- Direct Support (Case Managers)

Number	Item	Yes	No	N/A	Findings-(When more than one staff reviewed, and a portion is "No", √ the "No" box and state ratio, i.e. 2:2, and identify staff with their initials, titles in the Findings section).
20	Current Professional Licensure, certification or registration(1.2-6-2) (1.2-14-1)				
21	All case managers must annually obtain at least 20 hours of training regarding case management services (in a calendar year). Ten hours of this training must be training approved by DDRS under the nursing facility waiver program (1.2-14-1)(1.2-17-2)(HCBS Waiver Provider Manual 2007)				

All Staff of Non- Licensed Providers (Adult Foster Care, Adult Day Services, Attendant Care, Homemaker, Home Delivered Meals, Environmental Modifications, Transportation), Case Management.

Number	Item	Yes	No	N/A	Findings-(When more than one staff reviewed, and a portion is "No", √ the "No" box and state ratio, i.e. 2:2, and identify staff with their initials in the Findings section).

Division of Aging
Non Licensed Provider Compliance Survey

22.	Limited Criminal Background checks from the Indian State police central repository for employees before they provide direct services (1.2-6-2)(1.2-15-2)				
23.	A document from the nurse aide registry of Indiana State Department of Health verifying that each employee has no findings entered into the registry before providing direct services (1.2-6-2)				

6-30-09

Directions to Providers:

When an item has been identified with a "No", a Corrective Action Plan (CAP) needs to be written and returned within 13 business days from the receipt of this finding. The CAP form is attached to this email notification. Once the CAP form has been written please submit it to DASurvey.fssa.in.gov.